

PSJ17 Exh 92

EDUCATIONAL GRANT DRAFT REQUEST

The attached material has been reviewed and is approved:

Payee: American Pain Foundation.

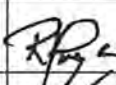
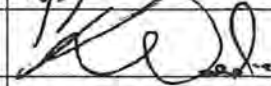
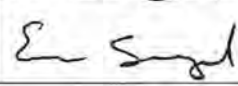
Amount: \$75,500

Type of Program: Dissemination of patient education and related materials: The American Pain Foundation is a not-for-profit organization with a primary aim of providing information to and advocacy on behalf of patients with pain. The proposal requests funds to reprint and more broadly disseminate two educational booklets: 1) a notebook to help patients document their pain, and 2) a non-branded card for healthcare professionals to facilitate communication with patients. The materials were previously developed through an unrestricted educational grant from Cephalon. They are not CME or independent education programs. APF would reach out to more than 50 organizations.

Copies of the booklets are attached.

Submitted for Review: 12.19.06

(The date the grant is being submitted to the committee)

| DEPARTMENT | NAME | SIGNATURE | DATE |
|---------------------------|----------------|--|----------|
| Scientific Communications | Rod Hughes |  | 1/4/07 |
| Medical Affairs | Kiumars Vadiel |  | 1/9/07 |
| Legal & Government | Eric Siegel |  | 1/4/2007 |

Program Date: Not applicable

Return to: Stacey Beckhardt or Denise Madden

Teva-Beckhardt
EXHIBIT 025
 Date: 02/01/19
 VanderPol, CSR#3032

MEMORANDUM

TO: Grant Review Committee

- Rod Hughes
- Kiumars Vadieli
- Eric Siegel

FROM: Stacey Beckhardt 

DATE: 12.19.06

RE: Unrestricted Educational Grant to Disseminate Patient Education Materials
Developed by American Pain Foundation

Request for Second Review by the Committee

Attached is a request from the American Pain Foundation to reprint for broad dissemination two complementary educational materials previously developed through an unrestricted educational grant from Cephalon. The TARGET Pain Notebook is an educational tool to be used by patients to document their pain experience. The TARGET Card provides information to assist healthcare professionals ask patients questions about their pain. The intent of these materials – which were developed independently by APF – is to facilitate communication between patient and healthcare professional. The materials do not include treatment-specific information.

The American Pain Foundation is a not-for-profit organization with a primary aim of providing information to and advocacy on behalf of patients with pain. The organization is **not a CME-accrediting body**; in addition, the booklets **do not meet the criteria for an independent educational program (IEP)**. One is specifically for patients; the other is to foster patient-healthcare patient communication.

Please note that I have also changed the form to reflect that this request is being forwarded by Corporate and Public Affairs, not Scientific Communications. If this is not appropriate, that can be readily amended.

Please do not hesitate to contact me directly if you have a question about this or other requests forwarded by me.

Stacey

EDUCATIONAL GRANT DRAFT REQUEST

The attached material has been reviewed and is approved:

Payee: American Pain Foundation.

Amount: \$75,500

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Copies of the booklets are attached.

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(The date the grant is being submitted to the committee)

| DEPARTMENT | NAME | SIGNATURE | DATE |
|---------------------------|-----------------|-----------|------|
| Scientific Communications | Rod Hughes | | |
| Medical Affairs | Kiumars Vadieli | | |
| Legal & Government | Eric Siegel | | |

Program Date: Not applicable

Return to: Stacey Beckhardt or Denise Madden

EDUCATIONAL GRANT DRAFT REQUEST
(Corporate and Public Affairs)

Submission to Committee Date: 12.19.06 Grant Tracking # _____ Amount: \$75,500

NOTE: •Submission must be 30 days prior to program date

•Grant Tracking # if applicable

•Grant request must be submitted on provider letterhead

Educational Provider Name: American Pain Foundation

Accredited (CME/CE) ☐ Yes ☒ No-XX **NOT** AN INDEPENDENT EDUCATION PROGRAM

Street Address: 201 N. Charles Street, Suite 710

City: Baltimore State: MD

Zip: 21201

Program Date: N/A Title: TARGET Card and TARGET Pain Notebook Location: N/A

Is Cephalon the only sponsor of program: ☒ Yes-XX ☐ No ☐ Unknown

Type of Program (choose all that apply): ☐ Nat'l Symposia ☐ Teleconference ☐ Print-XX

☐ Grand Rounds ☐ Website ☐ DVD/CD-ROM

☐ Regional or Local Meeting ☐ Other _____

Will Grant Support Enduring Materials: ☒ Yes-XX ☐ No

Was Cephalon Involved in the Grant Request to Date? ☒ Yes-XX ☐ No If Yes, describe

Previously supported development of booklet / related teleconference through an unrestricted educational grant.

Will Cephalon have future Involvement? ☐ Yes ☐ No If Yes, describe

Possibility for future support: Revisions or related activities may be considered in the future to continue to broaden dissemination of information on pain; however, **no** discussions have been held to date and none is anticipated at this time

Manager Signature: Stacey Beckhardt

Print Name: Stacey Beckhardt

Medical Education Director/Sr. Director Signature: _____

Print Name: _____

GRANT COMMITTEE APPROVAL ☐ Yes ☐ No Date: _____

If no, state reason: _____

For Budgetary Purposes Only - Product: (Check One)

☐ Actiq ☐ Gabitril ☐ Provigil ☐ Trisenox ☐ Vivitrol ☒ Other: FENTORA

May 2006



AMERICAN PAIN FOUNDATIONSM

American Pain Foundation
201 N. Charles Street, Suite 710
Baltimore, MD 21201-4111
Phone (410) 783-7292
Fax (410) 385-1832
www.painfoundation.org

November 28, 2006

Stacey Beckhardt
Associate Director
Public Relations
Cephalon, Inc.
145 Brandywine Parkway
West Chester, PA 19380-4245

Re: Unrestricted Educational Grant - TARGET Initiative Organization Outreach

Dear Stacey:

This is a request for an unrestricted educational grant for \$75,500 from Cephalon, Inc. This support will allow us to reach out to over fifty organizations to explore and support their interest in disseminating the TARGET Card and TARGET Pain Notebook. The American Pain Foundation is a 501(c)(3) organization, Tax I.D. #52-2002328.

The TARGET Initiative materials include two complementary pieces: (1) The TARGET Card and the (2) TARGET Chronic Pain Notebook. The first is a quick reference resource for clinicians to use for pain assessment and management. It provides basic information about the elements of appropriate pain assessment and a vocabulary and classification of types of pain that are useful for proper assessment. Importantly, it utilizes a vocabulary that models and promotes effective communication between provider and patient. The second, which is intended for use by patients or their caregivers, is a pain workbook or diary which allows for easy recording and description of pain over time and in relation to activities and interventions. It too utilizes a vocabulary and classification which helps detail and record the kind of information needed for proper assessment of pain. The two are intended to promote clearer and more detailed communication between patient and clinician which results in better assessment and treatment.

With this support we will be contacting a number of organizations to educate them about the pain issue and the TARGET materials. We will be requesting their collaboration as appropriate in distributing these materials to their constituencies. We will be contacting organizations which (1) represent some segment of medical services for populations likely to be affected by pain and (2) organizations whose memberships are likely have a high incidence of people affected by pain. Examples of the organizations we will be contacting include: AARP, The American

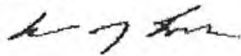
Academy of Nurse Practitioners, the American Nurses Association, Elderhostel organizations, Emeritus Assisted Living, Inc., the National Association of Black Nurses, the Visiting Nurses Association, Assisted Living Federation of America, General Federation of Women's Clubs, National Rural Health Association, Older Women's League, and Hadassah, to name a few. The project involves cultivating partnerships with organizations, generating an expanded list of potential partners, and supporting these organizations in distributing information about pain and the Target products.

We will also use funds to conduct Exhibitor Booth activities related to education about pain and dissemination of the TARGET materials at three conferences. One of the conferences will be the AARP 50+. At that conference we will arrange to have the TARGET Notebooks distributed in Registrant Event Bags. The estimated attendance at the AARP conference is 25,000.

The TARGET Initiative has proven to be an effective approach to improving communication between patients and practitioners. We look forward to making these materials available to many more patients and clinicians.

We appreciate your support.

Sincerely,

A handwritten signature in black ink, appearing to read 'Will Rowe', is positioned above the printed name.

Will Rowe
Executive Director

An independent nonprofit organization serving people with pain through information, advocacy, and support



AMERICAN PAIN FOUNDATION®

A United Voice of Hope and Power over Pain

201 N. Charles Street, Suite 710

Baltimore, MD 21201

Phone (410) 783-7292

Fax (410) 385-1832

www.painfoundation.org

TARGET INITIATIVE ORGANIZATION OUTREACH

PROPOSED BUDGET

- 1) Partnership Cultivation:** This effort includes contacting 60 organizations to cultivate their interest in disseminating TARGET materials. Each organization will require multiple contacts by APF staff to motivate organizations to disseminate TARGET Materials to their constituencies. Cost: \$28,000
- 2) Fulfillment Activities:** This effort will involve confirming, clarifying, shipping, and tracking orders for materials. Cost: \$10,000
- 3) Mailing:** Postage and shipping costs. Cost: \$ 8,000
- 4) Printing:** 25,000 Notebooks. Cost: \$12,000
- 5) AARP Event Bag:** Fee for inserting. Cost: \$10,000
- 6) Attendance at 3 Conferences:** Includes registration, booth fees, travel, hotel, amenities. Cost: \$ 7,500
- TOTAL** **\$75,500**

An independent nonprofit organization serving people with pain through education, advocacy, and support.

Pain Notebook

NAME

ADDRESS

CITY

STATE, ZIP

EMAIL

PHONE

AMERICAN PAIN FOUNDATION



[The body of the document contains multiple columns of text that are extremely faint and illegible due to severe image degradation and noise. The text appears to be organized into a structured format, possibly a table or a list, but the specific content cannot be discerned.]

THE IMPORTANCE OF MANAGING YOUR PAIN

Good pain management starts with good communication between you and your healthcare provider. This notebook will show you how to work together.

Understanding that chronic pain is a disease in itself—and one that is harmful to the body—is a new way of thinking. Until recently, pain was considered only as a symptom of a disease or condition, or just a natural part of aging.

Today, we know that pain should never be ignored. It should be assessed thoroughly and treated aggressively, and in some cases managed as a chronic condition. We've learned that when pain is managed, stress is reduced, and the body heals faster.

When people with pain work together with their healthcare professionals and take an active role in their pain management, they get the best results possible—less pain and more involvement in life.

TYPES OF PAIN

Understanding the different kinds of pain that you may be experiencing—and the terms used to describe them—will help you communicate better with your medical team. Using the right terms (described below) and the Pain Notebook when meeting with your medical team will help them best determine the most specific and effective plan to manage your pain.

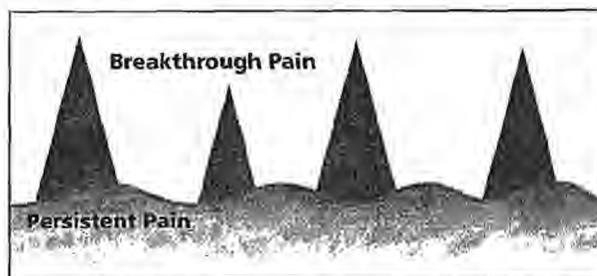
Acute Pain comes on suddenly, usually from an injury or surgery. It can usually be treated and lasts for a short period of time.

Chronic Pain lasts beyond the usual healing time for an illness or injury. It can last from months to years. At times it can go away completely, or it can remain constant. **Types of chronic pain:**

Intermittent Pain is episodic. It may occur in waves or patterns. Intermittent pain is often treated with NSAIDs, adjuvant medicines, and non-drug therapies. Moderate to severe intermittent pain may be treated with short-acting opioids.

Persistent pain lasts 12 or more hours every day for more than three months. It is usually treated with medicine that you take at specific times every day so that you get pain relief throughout the day. Moderate to severe pain may be treated with opioids.

Breakthrough pain comes up quickly or “breaks through” the medicine you are taking to relieve your persistent pain. It can occur many times during the day. This type of pain can be treated with specific medicines used as you need them to get quick pain relief.



The goal of pain management is to treat pain until optimal relief and functional outcomes are reached.

HOW CAN I BEST COMMUNICATE WITH MY HEALTHCARE TEAM?

You and the members of your healthcare team are partners in managing your pain. Here are some tips to help that partnership work well:

Be prepared and organized:

- Use the Pain Notebook as much as you can. It will give your medical team valuable information about your pain experience between office or clinic visits.
- Write down your questions. List your most important concerns first. Bring them to the healthcare provider's office or the clinic, and check them off as they're answered.

Be honest and open. Don't hold back.

Remember:

- You have the information your medical team needs to be able to relieve your pain.
- You have no reason to be embarrassed or afraid to talk to your medical team. They will take the time to listen to your concerns.

Take notes during your visit:

- Include concerns about your pain and other issues related to your care before the visit ends (refer to your list of questions).
- Think about bringing a family member or good friend to take notes. The stress of a medical visit can sometimes make people miss important information.

Make sure you understand all instructions and explanations:

- If something isn't clear, ask your healthcare provider to explain it again in a different way until you're sure you understand.
- Before you leave, repeat what you heard back to the person who gave you the instructions. This is a final check to make sure you understand all the details and that your notes are accurate.

Follow the agreed treatment plan:

- Don't make changes without checking with your healthcare provider.
- If the plan isn't working well, call the office or clinic as soon as possible and explain the problem.



PAIN CARE BILL OF RIGHTS

AS A PERSON WITH PAIN, YOU HAVE THE RIGHT TO:

- Have your report of pain taken seriously and to be treated with dignity and respect by doctors, nurses, pharmacists, and other healthcare professionals.
- Have your pain thoroughly assessed and promptly treated.
- Be informed by your healthcare provider about what may be causing your pain, possible treatments, and the benefits, risks, and costs of each.
- Participate actively in decisions about how to manage your pain.
- Have your pain reassessed regularly and your treatment adjusted if your pain has not been eased.
- Be referred to a pain specialist if your pain persists.
- Get clear and prompt answers to your questions, take time to make decisions, and refuse a particular type of treatment if you choose.

Although not always required by law, these are the rights you should expect for your pain care.

USING YOUR PAIN NOTEBOOK

Why Use the Pain Notebook?

You are the expert on your own pain.

You have the right to have your pain treated.

Your Pain Notebook will help you keep a record of your pain experience throughout the day.

Keeping track of what things make your pain better or worse will help your medical team find the best ways to treat your pain.

This is why it is so important to use your Pain Notebook every day—especially on the days you are most in pain.

Your physical and emotional comfort are important parts of treating your pain. Your Pain Notebook has important information that will help your medical team find the most effective ways to treat your pain.

How to Use Your Pain Notebook

Use your Pain Notebook in a way that is most helpful to you. You do not have to fill in all the parts. And if you need additional pages, you can print them from the APF website: www.painfoundation.org.

Keep your Pain Notebook in one particular place—one that is handy and easy to remember.

Find a comfortable place to sit so that you can write down your information.

Write down as much information as you can think of about your pain.

Each two-page daily section of your notebook has three parts.

The first section, the **Daily Pain Chart**, helps you create a visual picture of your daily pain experience. Follow your pain level throughout the day choosing several times that fit your routine, like when you get in or out of bed, eat meals, take medicines, get the mail, or take a walk. Make a mark that corresponds to your pain level at these times. For example, if you wake at 7 am and your pain is a 6, mark where 7 am and 6 on the pain scale intersect.

The second section, the **Daily Pain Log**, is where you can record information about your pain—intermittent, persistent, or breakthrough—treatments, and side effects. Also record days you have no pain. In addition, use this section to look at how you are dealing and coping with pain. What has helped you most? What is not working? Make additional notes in this section to record pain producing activities, as well as times of pain relief. Also keep a record of things you did to relieve your pain. **You can draw lines from the events on the Chart to explanations in the Log to show why pain levels went up or down.**

Then, at the end of the day, come back and use the **Daily Pain Summary** to give an overview of your pain for that day.

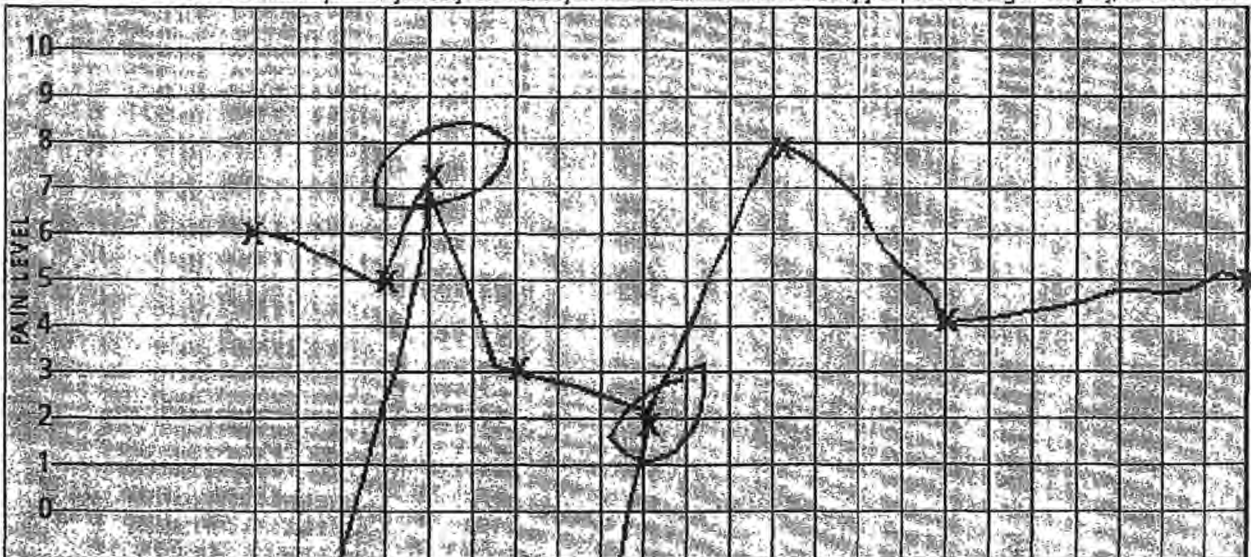
Using all sections gives your medical team the best description of how your pain changes throughout the day. If it's easier for you to complete one part only, that's okay. The important thing is to track your pain each day.

If you are not able to complete a page every day, find someone to help you with the task for at least one week. This can still give your medical team an idea of changes in your pain over time.

Name Mary Johnson
 Day Thursday
 Date June 10, 2004

1

DAILY PAIN CHART Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.



2

DAILY PAIN LOG**MEDICINES: NAME/DOSE**

- #1 Morphine/long-acting
10 mg 6am and 10mg 6pm
- #2 Morphine
10 mg every 9hrs as needed
- #3 Lamictal/anticonvulsant
2 every night
- #4 Neuro-medication
1 every 6 hours if needed
- #5

NON-MEDICINE THERAPY (other than prescription medicines)

hot bath

ACTIVITIES/EXERCISE

walked dog

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

I forgot my morning medicine. I did a little too much yesterday
and had to take it easy today. I felt a little sad today, but was
able to reach a friend to talk. My pain is pretty well under
control, but I need help with my breakthrough pain.

Name Mary JohnsonDay ThursdayDate June 10, 2004**3****DAILY PAIN SUMMARY**Did you have pain today? NO X YES

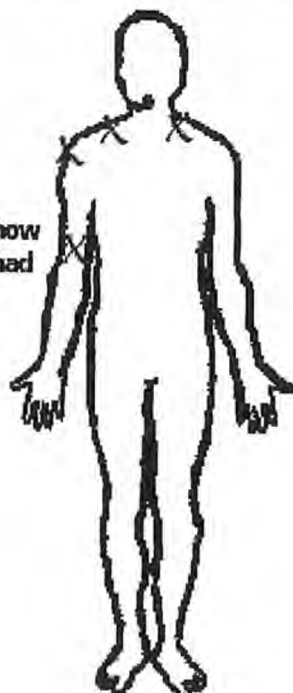
Did you avoid or limit any of your activities or cancel plans today because of pain or changes in your pain?

X NO YES: What activities?Did you take all your pain medicine today according to instructions? X NO YESEven though you took your pain medicine for persistent pain on schedule, were there times during the day that you experienced unrelieved breakthrough pain? NO X YES

How many times did this happen today?

1 2 3 4 5 6 7 8 9 10 more than 10Did any specific activity start your breakthrough pain? NO X YES: What activities?walking my dog

Put an "X" on the body diagram to show each place you've had pain today.



What was your average level of pain today?

0 1 2 3 4 5 6 7 8 9 10

Other than prescription medicine, did you do anything else today to relieve the pain?

NO X YES (Check any that you used.)X Non-prescription drugs (e.g., acetaminophen, ibuprofen)Herbal remediesX Hot or cold packsExerciseChanging position (such as lying down or elevating your legs)Physical therapyMassageAcupunctureRestPsychological counselingTalk to trusted friend, family, clergyPrayer, meditation, guided imageryRelaxation technique (hypnosis, biofeedback)Creative technique (art or music therapy)X Other (describe):took a hot bath

Check any of these common side effects that you've noticed after taking your pain medicine.

X Drowsiness, sleepinessNausea, vomiting, upset stomachConstipationLack of appetiteOther (describe):Did you skip any of your scheduled pain medicines today? NO X YES: Why?I forgotDid you call your doctor's office or clinic between visits because of pain? X NO YESOverall, are you satisfied with your pain management? X YES NO (Explain what makes you satisfied or not satisfied. Use Log section.)

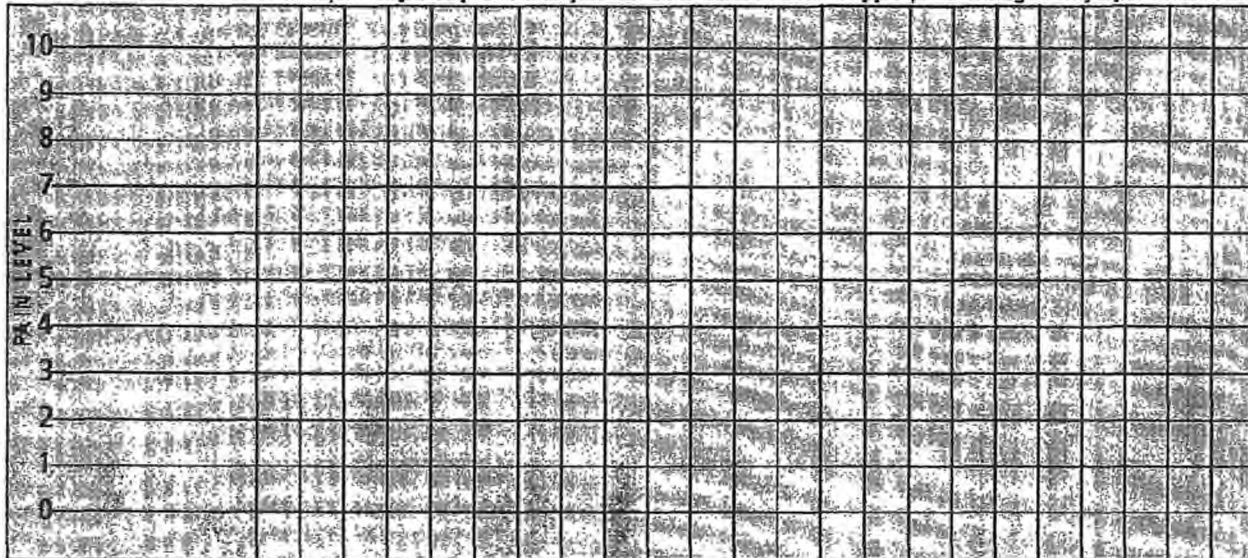
What pain level overall would you find acceptable?

0 1 2 3 4 5 6 7 8 9 10

Name _____

Day _____

Date _____

1**DAILY PAIN CHART** Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.**2****DAILY PAIN LOG**

MEDICINES: NAME/DOSE

| | 6am | 7 | 8 | 9 | 10 | 11 | 12pm | 1 | 2 | 3 | 4 | 5 | 6pm | 7 | 8 | 9 | 10 | 11 | 12am | 1 | 2 | 3 | 4 | 5 |
|----|-----|---|---|---|----|----|------|---|---|---|---|---|-----|---|---|---|----|----|------|---|---|---|---|---|
| #1 | | | | | | | | | | | | | | | | | | | | | | | | |
| #2 | | | | | | | | | | | | | | | | | | | | | | | | |
| #3 | | | | | | | | | | | | | | | | | | | | | | | | |
| #4 | | | | | | | | | | | | | | | | | | | | | | | | |
| #5 | | | | | | | | | | | | | | | | | | | | | | | | |

NON-MEDICINE THERAPY (other than prescription medicines)

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

Name _____

Day _____

Date _____

3**DAILY PAIN SUMMARY**Did you have pain today? ☐ NO ☐ YES

Did you avoid or limit any of your activities or cancel plans today because of pain or changes in your pain?

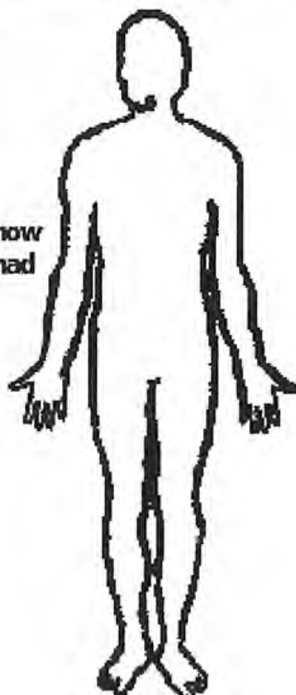
☐ NO ☐ YES: What activities?
_____Did you take all your pain medicine today according to instructions? ☐ NO ☐ YESEven though you took your pain medicine for persistent pain on schedule, were there times during the day that you experienced unrelieved breakthrough pain? ☐ NO ☐ YES

How many times did this happen today?

1 2 3 4 5 6 7 8 9 10 more than 10

Did any specific activity start your breakthrough pain? ☐ NO ☐ YES: What activities?

Put an "X" on the body diagram to show each place you've had pain today.



What was your average level of pain today?

0 1 2 3 4 5 6 7 8 9 10

Other than prescription medicine, did you do anything else today to relieve the pain?

☐ NO ☐ YES (Check any that you used.)☐ Non-prescription drugs (e.g., acetaminophen, ibuprofen)☐ Herbal remedies☐ Hot or cold packs☐ Exercise☐ Changing position (such as lying down or elevating your legs)☐ Physical therapy☐ Massage☐ Acupuncture☐ Rest☐ Psychological counseling☐ Talk to trusted friend, family, clergy☐ Prayer, meditation, guided imagery☐ Relaxation technique (hypnosis, biofeedback)☐ Creative technique (art or music therapy)☐ Other (describe): _____

Check any of these common side effects that you've noticed after taking your pain medicine.

☐ Drowsiness, sleepiness☐ Nausea, vomiting, upset stomach☐ Constipation☐ Lack of appetite☐ Other (describe): _____Did you skip any of your scheduled pain medicines today? ☐ NO ☐ YES: Why?
_____Did you call your doctor's office or clinic between visits because of pain? ☐ NO ☐ YESOverall, are you satisfied with your pain management? ☐ YES ☐ NO (Explain what makes you satisfied or not satisfied. Use Log section.)

What pain level overall would you find acceptable?

0 1 2 3 4 5 6 7 8 9 10

Name _____

Day _____

Date _____

1**DAILY PAIN CHART** Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.**2****DAILY PAIN LOG**

MEDICINES: NAME/DOSE

| | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| #1 | | | | | | | | | | | | | | | | | | | | | | | | |
| #2 | | | | | | | | | | | | | | | | | | | | | | | | |
| #3 | | | | | | | | | | | | | | | | | | | | | | | | |
| #4 | | | | | | | | | | | | | | | | | | | | | | | | |
| #5 | | | | | | | | | | | | | | | | | | | | | | | | |

NON-MEDICINE THERAPY (other than prescription medicines)

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

Name _____
 Day _____
 Date _____

3 DAILY PAIN SUMMARY

Did you have pain today? ____NO ____YES

Did you avoid or limit any of your activities or cancel plans today because of pain or changes in your pain?

____NO ____YES: What activities?

Did you take all your pain medicine today according to instructions? ____NO ____YES

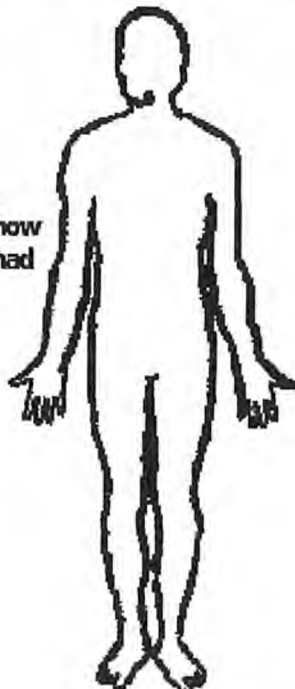
Even though you took your pain medicine for persistent pain on schedule, were there times during the day that you experienced unrelieved breakthrough pain? ____NO ____YES

How many times did this happen today?

1 2 3 4 5 6 7 8 9 10 more than 10

Did any specific activity start your breakthrough pain? ____NO ____YES: What activities?

Put an "X" on the body diagram to show each place you've had pain today.



What was your average level of pain today?

0 1 2 3 4 5 6 7 8 9 10

Other than prescription medicine, did you do anything else today to relieve the pain?
 ____NO ____YES (Check any that you used.)

- ____ Non-prescription drugs (e.g., acetaminophen, ibuprofen)
- ____ Herbal remedies
- ____ Hot or cold packs
- ____ Exercise
- ____ Changing position (such as lying down or elevating your legs)
- ____ Physical therapy
- ____ Massage
- ____ Acupuncture
- ____ Rest
- ____ Psychological counseling
- ____ Talk to trusted friend, family, clergy
- ____ Prayer, meditation, guided imagery
- ____ Relaxation technique (hypnosis, biofeedback)
- ____ Creative technique (art or music therapy)
- ____ Other (describe):

Check any of these common side effects that you've noticed after taking your pain medicine.

- ____ Drowsiness, sleepiness
- ____ Nausea, vomiting, upset stomach
- ____ Constipation
- ____ Lack of appetite
- ____ Other (describe):

Did you skip any of your scheduled pain medicines today? ____NO ____YES: Why?

Did you call your doctor's office or clinic between visits because of pain? ____NO ____YES

Overall, are you satisfied with your pain management? ____YES ____NO (Explain what makes you satisfied or not satisfied. Use Log section.)

What pain level overall would you find acceptable?

0 1 2 3 4 5 6 7 8 9 10

DAILY PAIN CHART Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.

[illegible]

DAILY PAIN LOG

MEDICINES: NAME & DOSE

[illegible]

NON-MEDICINE THERAPY (other than prescription medicines)

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

Name _____

Day _____

Date _____

3**DAILY PAIN SUMMARY**Did you have pain today? ☐ NO ☐ YES

Did you avoid or limit any of your activities or cancel plans today because of pain or changes in your pain?

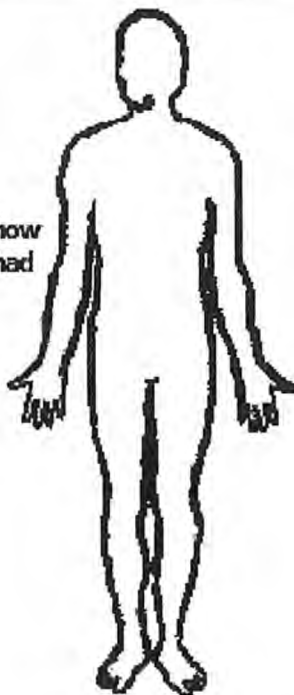
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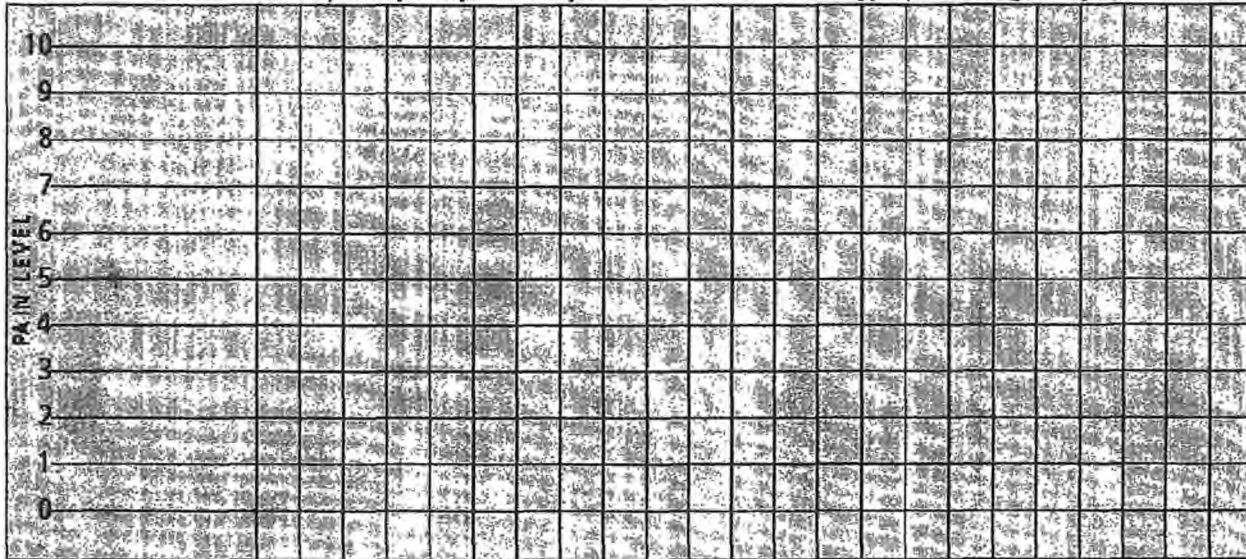
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Name _____

Day _____

Date _____

1**DAILY PAIN CHART** Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.**2****DAILY PAIN LOG**

MEDICINES: NAME/DOSE

| | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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| #2 | | | | | | | | | | | | | | | | | | | | | | | | |
| #3 | | | | | | | | | | | | | | | | | | | | | | | | |
| #4 | | | | | | | | | | | | | | | | | | | | | | | | |
| #5 | | | | | | | | | | | | | | | | | | | | | | | | |

NON-MEDICINE THERAPY (other than prescription medicines)

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

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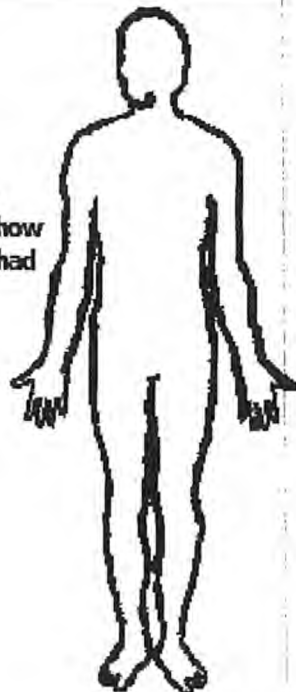
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COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write more about some of your answers on the previous page.

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Day _____

Date _____

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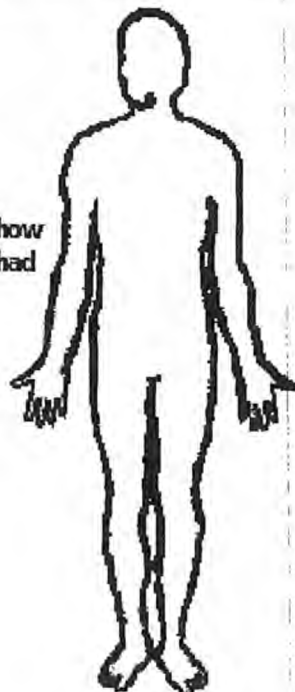
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NON-MEDICINE THERAPY (other than prescription medicines)

DAILY PAIN LOG

2 ppm

12am

28601

Name-

Name _____
 Day _____
 Date _____

3

DAILY PAIN SUMMARY

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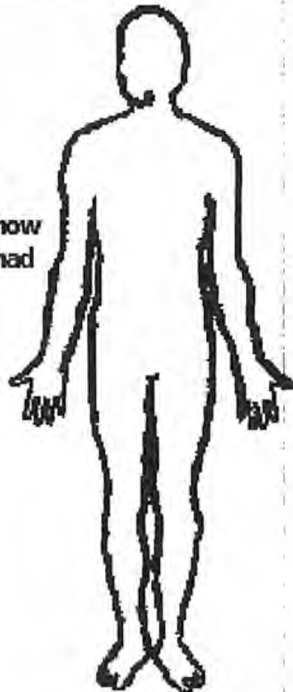
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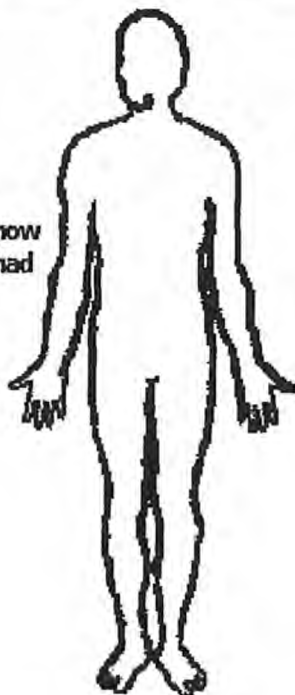
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NOTES

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

LEARN MORE ABOUT PAIN RELIEF

ADVISORY BOARD

- American Pain Foundation (useful information and links to disease-specific information)
www.painfoundation.org 888-615-PAIN

- American Academy of Pain Medicine
www.painmed.org 847-375-4731

- American Academy of Pain Management
www.aapainmanage.org 209-533-9744

- American Alliance of Cancer Pain Initiatives (find listings of state initiatives)
www.aacpi.wisc.edu 608-265-4013

- American Board of Pain Medicine
www.abpm.org 847-375-4726

- American Chronic Pain Association
www.theacpa.org 800-533-3231

- American Pain Society
www.ampainsoc.org 847-375-4715

- American Society of Pain Management Nursing
www.aspmn.org 888-342-7766

- Cancer Care
www.cancercare.org 800-813-4673

- Case Management Resource Guide
www.cmrg.com 800-784-2332

- Commission on Accreditation of Rehabilitation Facilities
www.carf.org 520-325-1044

- Mayo Clinic Pain Management Center
www.mayoclinic.com/findinformation/diseasesandconditions/index.cfm

- National Cancer Institute
www.nci.nih.gov/cancerinfo 800-422-6237

- National Chronic Pain Society
www.ncps-cpr.org 281-357-4673

- National Hospice and Palliative Care Organization
www.nhpco.org 703-837-1500

- National Pain Foundation
www.nationalpainfoundation.org 303-756-0889

- Pain.com
www.pain.com

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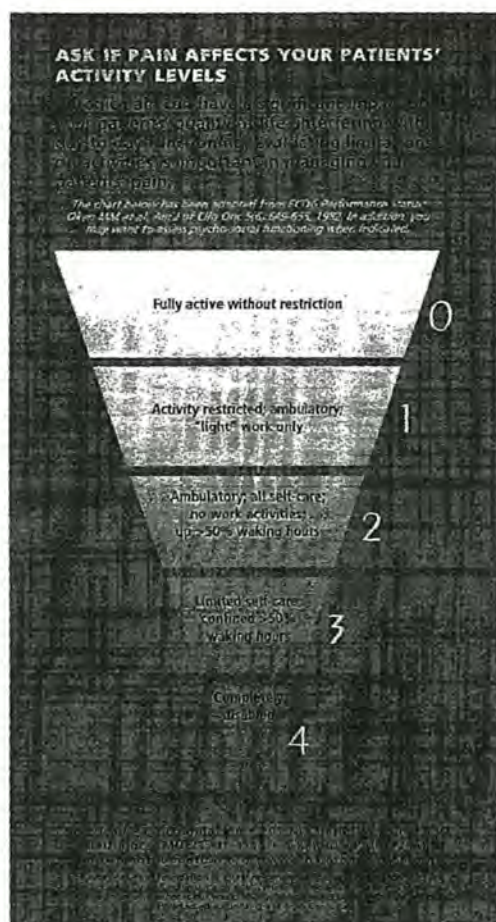
City of Hope National Medical Center
Duarte, California

FEEDBACK!

We welcome your feedback on the Pain Notebook. Is it easy to use? Is it useful? Please send comments and suggestions to: painnotebook@painfoundation.org

American Pain Foundation • 201 N. Charles St., Suite 710
Baltimore, MD 21201-4111 • 1-888-615-PAIN(7246)
info@painfoundation.org • www.painfoundation.org

The American Pain Foundation is solely responsible for the content, and maintains editorial control, of all materials and publications it produces. We gratefully acknowledge those who support our work. This publication was underwritten with an unrestricted educational grant from Cephalon, Inc.



CHRONIC PAIN:

INTERMITTENT, PERSISTENT, BREAKTHROUGH



Intermittent Pain

Pain that is episodic. It may occur in waves or patterns. Intermittent pain is often treated with NSAIDs, adjuvant medicines, and non-drug therapies. Moderate to severe intermittent pain may be treated with short-acting opioids.



Persistent Pain (static, constant, or continuous)

Pain that lasts 12 or more hours every day. This pain is usually treated with medicines taken around-the-clock as well as non-drug therapies. Moderate to severe pain may be treated with opioids.



Breakthrough Pain (dynamic, sudden, or incidental)

Pain that flares up or breaks through the relief provided by around-the-clock pain medicines. This pain may be treated with short-acting pain medicine that is taken as needed to quickly relieve the pain. Long-acting and short-acting medicines can be used together to provide continuous relief—the goal of pain management.

TARGET PAIN MANAGEMENT

T Talk to your patients about their pain.

A Ask about current treatments.

R Rate pain intensity and get details.

E Get details about breakthrough pain.

T Evaluate limitations on activities.

T Treat side effects.

AMERICAN PAIN FOUNDATION

PAIN ASSESSMENT QUESTIONS TO ASK

Talk to your patients about their pain.

Where is the pain located?
What does it feel like (e.g., sharp, dull, burning)?
When did it begin? How long does it last?
What makes it better? What makes it worse?

Ask about current treatments.

What medicines are you taking to relieve pain (prescription, over-the-counter)? What is the dose?
What other pain relief methods do you use (e.g., acupuncture, heat/cold, massage, home remedies)?
When do you use these medications and methods and how well do they work?

Rate pain intensity and get details.

What is your level of pain most of the time (0-10 scale)?
When is your pain the worst/best?
What is your pain level when you rest? During movement?

Get details about breakthrough pain (BTP).

Do you have breakthrough pain—sudden, brief periods of increased pain?
How often do you experience BTP on an average day?
Do certain activities cause the pain or does it happen unexpectedly?
Have you ever been treated for BTP? With what medicines?

Evaluate limitations on activities.

What daily activities do you avoid because of pain?
Does pain interfere with your ability to sleep/work/play?
How does pain affect your mood and relationships?

Treat side effects.

Are you experiencing side effects from pain medicines, such as drowsiness, nausea, or itching?
What are you doing to decrease or prevent these side effects?
Are you taking something to prevent constipation?
Are you having side effects with other medicines or therapies?

SUGGESTIONS FOR MANAGING YOUR PATIENT'S PAIN

Accept your patients' reports of pain.
Assess chronic pain as part of each visit.
Look for causes of pain.
Ask about any history of substance abuse or addiction.
Treat pain until optimal relief and functional outcomes are reached.

Develop a treatment plan that relates directly to the pain assessment findings. For prescribing medicines, consider using guidelines (see resources).
Review treatment plan with patients. Discuss expectations. Make sure patients understand the plan and are willing to follow it. If patients are not following the plan, find out why and work to correct the problem.

Evaluate need for multimodal pain treatment. That may include NSAIDs, opioids, adjuvants such as anticonvulsants or antidepressants, and/or non-drug therapies.
Among non-drug strategies consider rehabilitative and behavioral therapies. Treat persistent moderate to severe pain for continuous relief. If a trial of opioid therapy is indicated, consider around-the-clock (ATC) dosing of long-acting opioids (LAO). For challenging cases, (e.g., refractory pain, psychiatric disease, disability, drug abuse risk), consider referrals to pain specialist, mental healthcare provider, addiction specialist, or others.

Treat BTP: Reduce or eliminate precipitating causes if possible. Optimize the ATC medication regimen. Consider multimodal strategy, including rehabilitative treatments (e.g., PT, OT, bracing) and psychological treatments (e.g., relaxation training).
If unrelieved BTP during opioid therapy:
• End of LAO dose interval? Increase LAO daily dose or shorten interval.
• Unpredictable BTP? Add or change SAO.
• Predictable BTP with pain-producing activity? Add or increase SAO dose before activity.
Do not exceed acetaminophen 4000 mg/24h if combination SAO is selected.

If daily activities are limited or prevented by mild to moderate pain:
• Add or increase non-drug strategies.
• Add or change non-opioid or adjuvant drug, or change opioid plan.
If activities or sleep are limited or prevented by moderate to severe pain:
• Increase dose or change ATC medicine.
• Add or increase dose or change SAO for BTP.

Discuss potential side effects of all pain medicines and non-drug treatments. If patient reports side effects from opioids:
• Use antiemetic if nausea, antihistamine if pruritus. In selected cases, co-administration of a stimulant may reverse drowsiness or mental clouding.
• Prevent or treat constipation with appropriate laxatives.
• Change opioid selection.
For side effects of SAO for BTP, consider:
• Take side effects medication before dose.
• Reduce dose or change opioid.
• Evaluate adequacy of multimodal adjuvant pain medications.
Expand use of non-drug methods.

RESOURCES AND INFORMATION ABOUT OPIOIDS

Treating Patients with Opioids:

When prescribed by a healthcare professional and taken as directed, opioids are safe, effective, and rarely lead to addiction. For more information go to www.painfoundation.org

Definitions of Addiction, Dependence, and Tolerance:

These terms are often confused. For more information see Definition: Related to the Use of Opioids in the Treatment of Pain: asam.org/pain/definition2.pdf

Evaluating Risk:

When prescribing opioids, vulnerability to addiction should be assessed in all patients. Some problems to look for:

- A pattern of repeated non-adherence to pain treatment plan
- Absence of pain relief during gradual escalation of opioid therapy
- Lack of functional improvement

Treating Patients at Risk for Addiction:

To learn more about treating patients with addictive disease, see the ASPMN position statement Pain Management in Patients with Addictive Disease: www.aspmn.org/html/PSaddiction.htm

Diversion & Abuse:

Be mindful of the problem of diversion and abuse of opioids. To learn more about how you can care for patients with pain, while keeping your practice safe, refer to Model Guidelines for the Use of Controlled Substances for the Treatment of Pain by the Federation of State Medical Boards of the United States: www.fsmbs.org/painpolicydomesticmodel.htm

Other Resources:

- For information on treating your patients with opioids and other analgesics:
- American Pain Society's Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain. For ordering information, go to: www.americanpain.org/painprinciples.htm
 - Guideline for the Management of Pain in Osteoarthritis, Rheumatoid Arthritis and Juvenile Chronic Arthritis: www.americanpain.org/pub/arthritis.htm
 - AGS Guidelines for the Management of Persistent Pain in Older Persons: www.americanpain.org/education/manage_pers_pain.html
 - National Institute on Drug Abuse (NIDA): www.drugabuse.gov (search "opioids")
 - Drug and Alcohol Services Information System (DASIS): www.samhsa.gov/dasis.htm
 - Drug Abuse Warning Network (DAWN): dawninfo.samhsa.gov

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The goal of pain management is to treat pain until optimal relief and functional outcomes are reached. If you are not having success, or are not comfortable treating pain, refer your patient to a pain specialist.

ATC around-the-clock

BTP breakthrough pain

LAO long-acting opioid

SAO short-acting opioid

Language about Dependence
Support